

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

FOR

AT

Massachusetts

Boston

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Marie Calabraro

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony☐ Misdemeanor

Theft of Mail

- 1 ☒ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

04-10265

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____
		How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES
		RECEIVED \$22,000 from thrift savings plan to take on \$500/week for job - left job in 3/04
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$250
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, GIVE THE VALUE AND DESCRIBE IT
		VALUE \$2000 DESCRIPTION Car over the amount owed on the car

OBLIGATIONS & DEBTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	DEPENDENTS			
	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payment
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)				

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

10/13/04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Marie Calabraro